

STATE OF RHODE ISLAND
DEPARTMENT OF LABOR AND TRAINING - EMPLOYER TAX UNIT

1511 PONTIAC AVENUE, CRANSTON, RI 02920 - 0942
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www.uitax.ri.gov

EMPLOYER TERMINATION OF REGISTRATION REPORT

RI Reg No _____

Person having custody of Books and Records

1. EMPLOYER NAME _____
BUSINESS ADDRESS _____
CITY, STATE _____ zip code _____

I NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____

3. (a) Reason for Termination of Registration:

- Sale [] Lease [] Foreclosure []
Liquidation [] Death of Owner [] Receivership []
Reorganization [] Bankruptcy [] Merger []
Other (Explain) [] _____

(b) What percentage of the business was transferred? (If Applicable) _____

(c) Date of Action in 3(a) above _____

(d) Date of Last Payroll _____

(e) Give the following information concerning Owners, Partners, Corporate Officers, etc.:

Table with 4 columns: NAME, HOME ADDRESS & ZIP CODE, TITLE, TEL. NO.

4. (a) Name of new business (If any): _____

(b) Name, address and ZIP code of New Owners, (If any):

_____ Tel. No. _____

5. (a) Are you continuing any other business in Rhode Island ? YES [] NO []

If Yes,
(b) Name, address and zip code of Continuing Business:

DATE SIGNATURE TITLE

THIS FORM MUST BE SIGNED